

**CLAIMS ONLY**

Application Number

16-635100

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.		Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1							51						
2							52						
3							53						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep.	10						Total Indep.						
Total Depend.	15						Total Depend.						
Total Claims	25						Total Claims						